Case 1	L6-21399 Filed 03/21/16 Do c 2 3	PENTANNAN) F	II FD
Fill in this information to identify your case and this	filing:	MUGUUG.	
Debtor 1 Rita A. Sci	hroeder Last Narra	MAR 2 1 20	116
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name UN	ITED STATES BANKRUI	PTCY COURT
United States Bankruptcy Court for the: Eastern	District of CA. (State)	ASTERN DISTRICT OF (CALIFORNIA
Case number 110-21399-A-13	23		Check if this is an amended filing
Official Form 106A/B	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Schedule A/B: Property	y		12/15
in each category, separately list and describe items category where you think it fits best. Be as comple responsible for supplying correct information. If mounte your name and case number (if known). Answers Part 1: Describe Each Residence, Building,	te and accurate as possible. If two married people ore space is needed, attach a separate sheet to th	e are filing together, bo is form. On the top of a	th are equally
 Do you own or have any legal or equitable interes No. Go to Part 2. Yes. Where is the property? 	t in any residence, building, land, or similar prop	erty?	
1.1. 6332 Puerto Drive	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured classifies amount of any secure Creditors Who Have Clair	d claims on Schedule D:
Street address, if available, or other description	☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land	Current value of the entire property?	Current value of the portion you own?
Hancho Murieta CA. State ZIP Code 951.82	Investment property Timeshare Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	Who has an interest in the property? Check one.	Fee	
Docram ento	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is co (see instructions)	mmunity property
	Other information you wish to add about this it property identification number:	em, such as local	
If you own or have more than one, list here:	What is the property? Check all that apply. Single-family home	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on Schedule D:
Street address, if available, or other description	Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	Current value of the entire property?	
City State ZiP Code	☐ Land ☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	Who has an interest in the property? Check one.		
County	Debtor 1 only Debtor 2 only		
-	Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is co (see instructions)	mmunity property
	Other information you wish to add about this ite	m, such as local	

				entrance designatives proprietable appropriate contractive and an incom-
1.3.	Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured of the amount of any secure Creditors Who Have Ctal	d claims on Schedule D:
	Street audress, it avanable, or other description	Condominium or cooperative Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
		Land	\$	\$
	City State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature interest (such as fee the entireties, or a life	simple, tenancy by
		Who has an interest in the property? Check one.		
	County	Debtor 1 only		
	•	Debtor 2 only Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
		At least one of the debtors and another	(see instructions)	
		Other information you wish to add about this ite property identification number:	em, such as local	
		il of your entries from Part 1, including any entrie		s
you	rave attached for Fait 1. Wille that Humber	1101 G		
3. Cars	that someone else drives. If you lease a vehicles vans, trucks, tractors, sport utility vehicles o es	st in any vehicles, whether they are registered or size, also report it on Schedule G: Executory Contracts is, motorcycles Who has an interest in the property? Check one.	and Unexpired Leases.	
3.1.	Make: Mercedes Benz Model: 5430	Debtor 1 only	Do not deduct secured cla the amount of any secure	d claims on Schedule D:
	Year: 2000	☐ Debtor 2 only	Creditors Who Have Clain	
	Approximate mileage: \30 000	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other information:	At least one of the debtors and another	000000	•
	Paint Peeling, windows don't roll up or down	☐ Check if this is community property (see instructions)	\$2,000-	S
	trunk doesn't open,	, new struts need, om	og repairs	•
If you	own or have more than one, describe here:	·	3	
3.2.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clain	
	Year:	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
	Other information:	☐ Check if this is community property (see instructions)	\$	\$

Rita A. Some beedsep Filed 03/21/16 Doc 22 Case number (# Annum) 16-21399-A-135

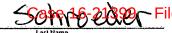
3.3.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	ims or exemptions. Put
3.3.		Debtor 1 only	the amount of any secure	d cialms on Schedule D:
	Model:	Debtor 2 only	Creditors Who Have Clair	ns Securea by Property.
	Year:	Debtor 1 and Debtor 2 only	Current value of the	
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
	Other information:			
		☐ Check if this is community property (see	\$	\$
	·	instructions)		
	Adabas	Who has an interest in the property? Check one.		
3.4.	Make:	Debtor 1 only	Do not deduct secured cla the amount of any secure	
	Model:	Debtor 2 only	Creditors Who Have Clair	ns Secured by Property.
	Year:	Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
	Other information:	— At least one of the debtors and another		
		☐ Check if this is community property (see	\$	\$
		instructions)		
4.1.	Make: Model: Year:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	t claims on Schedule D:
	Other information:	Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Circi miorizatori.	At least one of the debtors and another	entire property?	portion you own?
		☐ Check if this is community property (see instructions)	\$	\$
16	are as barra seas then any list have			
и уоч	own or have more than one, list here:	Miles from the Parket of the Control	MATTER STATE OF THE PARTY OF TH	
4.2.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:	Debtor 1 only	the amount of any secured Creditors Who Have Clain	
	Year:	Debtor 2 only	Current value of the	Current value of the
	Other information:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
		At least one of the debtors and another		
		☐ Check if this is community property (see	\$	S
		instructions)		
5. Add t	he dollar value of the portion you own for	all of your entries from Part 2, including any entries	s for pages	
		all of your entries from Part 2, including any entried		3
				S

Case number (# Anown) 16-21399-A-137

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?	Current value of the cortion you own?
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To not deduct secured claims :: or exemptions.
6. Household goods and furnishings	
Examples: Major appliances, furniture, linens, china, kitchenware	
	-00
1 No Prescribe	\$ 500
7. Electronics (Broken) Washer-Druer, everything 30 up o	lue
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
O No	222
O No O Yes. Describe	<u>s</u> 200
8. Collectibles of value	
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
□ No □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	<u>\$20°</u>
BOOK (THAT COMEDICAPIE) WELL, O DONES	\$000
**	
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
1 No 1 Dike 10 yrs (Plat thres)	\$ 10 °°
1 Yes. Describe 1 bike 10 yrs (flat thres) tennie racket	\$ 10 -
10. Firearms	
Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
Q No	
Yes. Describe	S
11. Clothes	
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
No No Paratha WADTK CADTNES	300-
Yes. Describe WORK CLOTHES WORK CLOTHES	\$ <u>000</u>
12. Jewelry	
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	∠
Yes. Describe Lost my wedding ring 30 yrs ago in	$_{s}$ \mathcal{V}
move (Pm a wisow) costume eartings	V
13. Non-farm animals WOXCO Company Stramples: Dogs, cats, birds, horses	
X No	ACX.
1 Yes. Describe No Pets	s
14. Any other personal and household items you did not already list, including any health aids you did not list	
No	1000
1 Yes. Give specific Glider - I excersive on \$1000 used information	s lU
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	1040
for Part 3. Write that number here	V





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Simil	, e	40	(1)
	200	30	1
D	:16	Æ.	10
	04.		

Describe Your Financial Assets

Do you own or have	o you own or have any legal or equitable interest in any of the following?				
			Do not deduct secured claim or exemptions.		
16. Cash Examples: Money	y you have in your wallet, in your hom	e, in a safe deposit box, and on hand when you file your petition			
☐ No ☐ Yes		Cash:	1 6		
1,30,,		Cash:	\$ 9		
			•		
17. Deposits of mone Examples: Check and ot	ting, savings, or other financial accou	nts; certificates of deposit, shares in credit unions, brokerage hou ultiple accounts with the same institution, list each.	ses,		
X No	. *		•		
Q Yes	· .	Institution name:			
	es sada es es es es				
	17.1. Checking account:		\$ <u>`</u>		
	17.2. Checking account:		\$ -		
	17.3. Savings account:		S		
	17.4. Savings account:		S		
•	17.5. Certificates of deposit:		S		
	17.6. Other financial account:		Š		
	17.7. Other financial account:				
	17.8. Other financial account:		6.		
•	17.9. Other financial account:				
•		And the state of t			
ar a	inds, or publicly traded stocks unds, investment accounts with broke	erage firms, money market accounts			
X No	A CHILDRAN				
☐ Yesa	Institution or issuer name:				
		and the same that the same	\$		
			<u> </u>		
* ***	described to the full control commence and accommence and accommen	ini-him-servantes and the service of	<u> </u>		
e.					
an LLC, partners	ded stock and interests in incorpor ship, and joint venture	rated and unincorporated businesses, including an interest in	1		
No No	Name of entity:	% of ownership:	٠,		
Yes. Give spe information ab		%	<u>\$</u>		
them		<u>%</u>	\$		
		<u></u>	\$		
	•				



20. Government and co	The second of th	r negotiable and non-negotiable instruments	
Negotiable instrumer	ts include personal check	s, cashiers' checks, promissory notes, and money orders. not transfer to someone by signing or delivering them.	
No Yes. Give specific			
information about them			\$
11977			S
	*****		\$
21. Retirement or pensi Examples: Interests in No Yes. List each		1(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
	ly Type of account:	Institution name:	
	401(k) or similar plan:		<u>\$</u>
	Pension plan:		`\$ <u>.</u>
	IRA:		\$
	Retirement account:		\$ <u></u>
	Keogh:		\$
	Additional account:		\$
	Additional account:		S
Examples: Agreemen companies, or others	ts with landlords; prepaid	rent, public utilities (electric, gas, water), telecommunications	
Yes			
	. Insti	tution name or individual:	
	Electric:	lution name or individual:	.s
	Electric:		
	Electric: Gas: Heating oil:		\$.
	Electric:		\$.
	Electric: Gas: Heating oil: Security deposit on renta		\$.
	Electric: Gas: Heating oil: Security deposit on renta		\$.
	Electric: Gas: Heating oil: Security deposit on renta Prepaid rent: Telephone:		\$\$ \$\$ \$\$ \$\$ \$\$
	Electric: Gas: Heating oil: Security deposit on renta Prepald rent: Telephone: Water:		\$\$\$\$\$\$\$\$
	Electric: Gas: Heating oil: Security deposit on renta Prepaid rent: Telephone: Water: Rented furniture: Other:		\$\$\$\$\$\$\$\$
X No	Electric: Gas: Heating oil: Security deposit on renta Prepaid rent: Telephone: Water: Rented furniture: Other:	money to you, either for life or for a number of years)	\$\$\$\$\$\$\$
	Electric: Gas: Heating oil: Security deposit on renta Prepaid rent: Telephone: Water: Rented furniture: Other:	money to you, either for life or for a number of years)	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$
X No	Electric: Gas: Heating oil: Security deposit on renta Prepaid rent: Telephone: Water: Rented furniture: Other:	money to you, either for life or for a number of years)	\$\$\$\$\$\$\$

26 U.S.C. §§ 530(b)(1), 529A(b),	n an account in a qualified ABLE program, or under a qualified st and 529(b)(1).	ate tuition program.	
⊠ No ☐ YesIr	nstitution name and description. Separately file the records of any inter	ests.11 U.S.C. § 521(c):	
_			\$
_			\$
****			\$
25. Trusts, equitable or future inter exercisable for your benefit	rests in property (other than anything listed in line 1), and rights o	r powers	
Yes. Give specific information about them			\$
Examples: Internet domain name	ss, trade secrets, and other intellectual property ss, websites, proceeds from royalties and licensing agreements		
Yes. Give specific information about them			\$
27. Licenses, franchises, and other Examples: Building permits, exclusion No.	r general intangibles usive licenses, cooperative association holdings, liquor licenses, profe	ssional licenses	
***	Leal Estate Lic.		s
· · · · · · · · · · · · · · · · · · ·			
Money or property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions
Money or property owed to you? 28. Tax refunds owed to you No			portion you own?
28. Tax refunds owed to you No Yes. Give specific information		Federal: \$	portion you own? Do not deduct secured
28. Tax refunds owed to you No Yes. Give specific information about them, including with	hether	Federal: \$	portion you own? Do not deduct secured
28. Tax refunds owed to you No Yes. Give specific information	hether urns	State: \$	portion you own? Do not deduct secured
28. Tax refunds owed to you No Yes. Give specific information about them, including wife you already filed the return to you already filed the y	hether urns		portion you own? Do not deduct secured
28. Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the returned the tax years	hether uns	State: \$ Local: \$	portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you No Yes. Give specific information about them, including wire you already filed the return and the tax years	hether uns	State: \$ Local: \$	portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the returned the tax years	hether uns	State: \$	portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the returned the tax years	hether uns	State: \$ Local: \$ ment, property settlement Alimony: Maintenance: Support:	portion you own? Do not deduct secured claims or exemptions. \$
28. Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the returned the tax years	hether uns	State: \$ Local: \$ ment, property settlement Alimony: Maintenance:	portion you own? Do not deduct secured claims or exemptions. \$
28. Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the returned the tax years	hether uns	State: \$ Local: \$ ment, property settlement Alimony: Maintenance: Support:	portion you own? Do not deduct secured claims or exemptions. \$
28. Tax refunds owed to you No Yes. Give specific information about them, including will you already filed the returned the tax years	alimony, spousal support, child support, maintenance, divorce settlen n	State: \$ Local: \$ Local: \$ Inent, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$
28. Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the returned the tax years	alimony, spousal support, child support, maintenance, divorce settlen n	State: \$ Local: \$ Local: \$ Inent, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$

David Del Marie Bergeron a misse om a transfer at ten propriet i del misse de l'Arte de l'Arte de l'Arte de l' L'arte de l'Arte de l	· · · · · · · · · · · · · · · · · · ·	and the state of t	en de m _a nne de meente dans de dans de de de fande en de	والمداح فطوم الانتهام والموافقة والمعارض والمساوية والمسارية والمراون والمراون والمساوية	· 1987年1985年,1985年,1985年1985年,1985年,1985年,1985年,1985年,1985年,1985年,1985年,1985年,1985年,1985年,1985年,1985年,1985年,19 1987年 - 1985年
		e; health savings account (H	SA); credit, homeo	wner's, or renter's insur	ance
No Ves. Name the insured feach policy	rance company and list its value	Company name:		Beneficiary:	Surrender or refund value:
en e					<u> </u>
					<u> </u>
					· \$
	y of a living trust, ex	rom someone who has die pect proceeds from a life ins		e currently entitled to re	ceive
Yes. Give specific in	oformation				\$:
~ .	mployment disputes	not you have filed a lawsuit insurance claims, or rights t		nd for payment	
34. Other contingent and	ــا unliquidated claims	of every nature, including	counterclaims of	the debtor and rights	
to set off claims					
No Yes. Describe each	claim	a di mana di di mana di mana di mana di mana di mana di di di di di	er kerelje semanski elle sakrede trik, op elle kolikar sakker sakre se beken syrgen progress men	and the state of t	·
			in the state of th		<u> </u>
35. Any financial assets y	ou did not already l	ist			
No Yes. Give specific in	oformation			TOTAL SECTION OF THE PROPERTY	
Tes. Give specific ii	L_				\$
36. Add the dollar value of for Part 4. Write that n	f all of your entries umber here	from Part 4, including any	entries for pages	you have attached	·3040
	100 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1				
Part 5: Describe A	lny Business-R	elated Property You	Own or Have a	an Interest In. Lis	t any real estate in Part 1.
37. Do you own or have a	ny legal or equitable	e interest in any business-	elated property?		
No. Go to Part 6.					
Yes. Go to line 38.					
					Current value of the portion you own? Do not deduct secured claims or exemptions.
38. Accounts receivable o	r commissions you	already earned			
No Ves. Describe			West Value hyperson and the second se		
La res. Describe					\$
		les modems, printers, copiers, fax m	achines, rugs, telepho	nes, desks, chairs, electron	ic devices
☐ No ☐ Yes, Describe				,	
A CHARLES AND A COLUMN TO THE					

40. Machinery, fixtures, o	equipment, supplies you use in business, and tools of your trade	
□ No		
Yes. Describe	car, computer, printer, books, paper, pencils, signs, phone	S
	sians, phone	
	2)	
41. Inventory		_
Yes. Describe		
- Too. Describe		}
42. Interests in partnersh	ips or joint ventures	
X No		
☐ Yes. Describe	Name of entity: % of ownership:	
	%	\$
	%	\$
	%	\$
	ng lists, or other compilations	
No No		
	include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
□ No		
🔲 Yes. Desc	ribe	\$
		Y
44. Anv business-related	property you did not already list	
No No	Frebrief Jon and Monthly Monthly	
Yes. Give specific		•
information		3
		\$
		\$
		\$
		•
		V
		\$ \.
45. Add the dollar value	of all of your entries from Part 5, including any entries for pages you have attached	3040
for Part 5. Write that	number here	<u> </u>
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Part 6: Describe A	ny Farm- and Commercial Fishing-Related Property You Own or Have an Interest In	•
If you own o	have an Interest in farmland, list it in Part 1.	·
	ny legal or equitable interest in any farm- or commercial fishing-related property?	
No. Go to Part 7.  Yes. Go to line 47.		• ,
■ 165. GO to mic 47.		
		Current value of the portion you own?
		Do not deduct secured claims
		or exemptions.
47. Farm animals	author form rained finds	
Examples: Livestock, p	oully, lain-laised isn	
No.		
☐ Yes		
		\$
'		

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48. Crops-either growing or harvested X No Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade DELNO ☐ Yes..... 50 Farm and fishing supplies, chemicals, and feed V No Yes..... 51. Any farm- and commercial fishing-related property you did not already list XI NO ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership X No Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 56. Part 2: Total vehicles, line 5 57 Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 59 Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 62. Total personal property. Add lines 56 through 61. Copy personal property total >

63. Total of all property on Schedule A/B. Add line 55 + line 62.

Check if this amended filing   Check					
Check if this amended filling   Check if this amended fillin	ebtor 1 First N	A. Middle Name	Last Name	ner_	
as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, and the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more ce is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write reame and case number (if known).  Seach item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a collic dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount may applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-oxempt rement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that its the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption and be limited to the applicable statutory amount.  Which set of exemptions are you claim as Exempt  Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.  You are claiming federal exemptions. 11 U.S.C. § 522(b)(3)  Pro any property you list on Schedule A/B that you claim as exempt, fill in the information below.  Brief description of the property and line on Schedule A/B that lists this property  Copy the value from Schedule A/B that lists this property  Copy the value from Schedule A/B:  Brief description:  However, If you claim as exemption you claim Specific laws that allow exemptions checked A/B:  Brief description:  Figure 1 A your of fair market value, up to any applicable statutory limit  Figure 1 A your of fair market value, up to any applicable statutory limit	se number			<u>Palic</u>	☐ Check if this is a amended filing
as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.  In the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more  to is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write  rame and case number (if known).  each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a cilic dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount  inva applicable statutory limit. Some exemptions—such as those for health alds, rights to receive certain benefits, and tax-exempt  rement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that  is the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption  all be limited to the applicable statutory amount.  Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.  You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)  For any property you list on Schedule A/B that you claim as exempt, fill in the information below.  Brief description of the property and line on Current value of the property one box for each exemption.  Schedule A/B:  Copy the value from Schedule A/B:  Copy the value	ficial For	m 106C			
In the property you listed on Schedule A/B: Property (Official Form 108A/B) as your source, list the property that you claim as exempt. If more cot is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write in rame and case number (if known).  The each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a solid collar amount as exempt. Alternatively, you may claim the full fair merket value of the property being exempted up to the amount any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt rement funds—may be unlimited in dollar amount. However, if you claim as exemption of 100% after merket value under a law that its the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption unlid be limited to the applicable statutory amount.  Identify the Property You Claim as Exempt  Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you.  You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)  For any property you list on Schedule A/B that you claim as exempt, fill in the information below.  Brief description of the property and line on Schedule A/B.  Check only one box for each exemption.  Schedule A/B:  Property Schedule A/B:	chedul	e C: The Pro	perty You	Claim as Exemp	12/15
Its the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption und be limited to the applicable statutory amount.    Identify the Property You Claim as Exempt	ng the property yoe is needed, fill rame and case each item of profife dollar amony applicable s	ou listed on Schedule A/B: Pro out and attach to this page as enumber (if known). roperty you claim as exempt, ount as exempt. Alternatively, statutory limit. Some exemption	perty (Official Form 106A) many copies of Part 2: Ac you must specify the ar you may claim the full ons—such as those for	(B) as your source, list the property the diditional Page as necessary. On the to mount of the exemption you claim. Of fair market value of the property bei health aids, rights to receive certain	or you claim as exempt. If more por any additional pages, write one way of doing so is to state a ng exempted up to the amount benefits, and tax-exempt
Brief description of the property and line on Schedule A/B that lists this property  Copy the value from Schedule A/B.  Brief description:  Line from Schedule A/B:  Brief description:  Line from Fwrighing  Line from Schedule A/B:  Line from Fwrighing  Amount of the exemption you claim Specific laws that allow exemption.  Copy the value from Schedule A/B:  Amount of the exemption you claim Specific laws that allow exemption.  Copy the value from Schedule A/B that lists this property  Copy the value from Schedule A/B that lists this property  Copy the value from Schedule A/B that lists this property  Copy the value from Schedule A/B that lists this property  Copy the value from Schedule A/B that lists this property  Copy the value from Schedule A/B that lists this property  Copy the value from Schedule A/B that lists this property  Copy the value from Schedule A/B that lists this property  Copy the value from Schedule A/B that lists this property  Copy the value from Schedule A/B that lists this property  Copy the value from Schedule A/B that lists this property  Copy the value from Schedule A/B that lists this property  Copy that lists this property  Copy that lists this property  Check only one box for each exemption.  Copy that lists this property  Copy that lists this pro				property is determined to exceed that	it amount, your exemption
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description:  Line from Schedule A/B:  Brief description:  Line from Schedule A/B:  The work of fair market value, up to any applicable statutory limit  The work of fair market value, up to any applicable statutory limit  The work of fair market value, up to any applicable statutory limit  The work of fair market value, up to any applicable statutory limit	Which set of e You are cla You are cla For any proper	xemptions are you claiming? iming state and federal nonban iming federal exemptions. 11 L rty you list on Schedule A/B t	Check one only, even if y kruptcy exemptions. 11 to J.S.C. § 522(b)(2)  hat you claim as exemp  Current value of the portion you own	J.S.C. § 522(b)(3)  ot, fill in the information below.  Amount of the exemption you claim	
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Brief Clashonian 2007	Which set of e You are cla You are cla For any proper Brief descript Schedule A/B Brief description: Line from	xemptions are you claiming? iming state and federal nonban iming federal exemptions. 11 L rty you list on Schedule A/B t ion of the property and line on that lists this property.	Check one only, even if y kruptcy exemptions. 11 to J.S.C. § 522(b)(2)  hat you claim as exemp  Current value of the portion you own  Copy the value from	J.S.C. § 522(b)(3)  It, fill in the information below.  Amount of the exemption you claim.  Check only one box for each exemption  \$\Box\$ \$_\text{100% of fair market value, up to}	
description:  Line from Schedule A/B:  COllection les  20  30  100% of fair market value, up to any applicable statutory limit	Which set of e  You are cla  You are cla  For any proper  Brief descripti Schedule A/B  Brief description: Line from Schedule A/B:  Brief description: Line from Line from Line from Line from	xemptions are you claiming? iming state and federal nonban iming federal exemptions. 11 L rty you list on Schedule A/B t ion of the property and line on that lists this property.	Check one only, even if y kruptcy exemptions. 11 to J.S.C. § 522(b)(2)  hat you claim as exemp  Current value of the portion you own  Copy the value from	J.S.C. § 522(b)(3)  It, fill in the information below.  Amount of the exemption you claim.  Check only one box for each exemption  S	

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### **Additional Page**

Brief description of the pro on <i>Schedule A/B</i> that lists t		Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: Schedule A/B:	estennie s 10- Raeket	U s 100% of fair market value, up to any applicable statutory limit	<u>CCP 703.140b</u>
A	hes s 300 -	S \$ \$ 100% of fair market value, up to any applicable statutory limit	CCP 703.140b
Brief description: EXECC	ise Gliders 10-	s s 100% of fair market value, up to any applicable statutory limit	<u>CCP 703,140b</u>
Brief description: Line from Schedule A/B:	\$\$	□ s □ 100% of fair market value, up to any applicable statutory limit	
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Brief description: Line from Schedule A/B:		S 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		S 100% of fair market value, up to any applicable statutory limit	

Debtor 1  Debtor 2  (Spouse, if filing)  United States Bankruptcy Court for the:  Case number (If known)	SUNTO-LIBER Last Name		۵	Check if this is an amended filing
Official Form 106D			•	
Schedule D: Creditor	s Who Have Claims	Secured by	Property	12/15
Be as complete and accurate as possible, information. If more space is needed, copy additional pages, write your name and case	the Additional Page, fill it out, number	, both are equally resp the entries, and attach	onsible for supplyin It to this form. On th	g correct ie top of any
<ol> <li>Do any creditors have claims secured b No. Check this box and submit this form Yes. Fill in all of the information below.</li> </ol>		ou have nothing else to r	eport on this form.	
Part 1: List All Secured Claims				
<ol> <li>List all secured claims. If a creditor has m for each claim. If more than one creditor has As much as possible, list the claims in alph</li> </ol>	as a particular claim, list the other creditors	in Part 2.	ict the 🥴 that suppo	CANCELLA CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO
2.11 Chiber	Describe the property that secures the cl	aim: s <u>421</u>	79619 200	000 g 221,19
Number Street	6332 PULTO DTI SIDUAL HOUSE, CA. As of the date you file, the claim is: Check	9568 all that apply.		. ,
OKICHOMACITY OK.	Contingent Unliquidated Disputed	1		
Who owes the debt? Check one.  Debtor 1 only	Nature of lien. Check all that apply.  An agreement you made (such as mortgage)	e or carurad		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only     At least one of the debtors and another	Statutory lien (such as tax lien; mechanic's  Judgment lien from a lawsuit	nen)		
Check if this claim relates to a community debt	Other (including a right to offset)	<del></del>		
Date debt was incurred	Last 4 digits of account number  Describe the property that secures the cla	- t		
Creditor's Name	Describe and property that secures the ch	aint: \$	<u> </u>	\$
Number Street			•	
	As of the date you file, the claim is: Check	all that apply.		
	Contingent Unliquidated			
City State ZIP Code Who owes the debt? Check one.	Disputed			
Debtor 1 only	Nature of Ilen. Check all that apply.  An agreement you made (such as mortgage)	a nr sacurad		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Statutory lien (such as tax lien, mechanic's Judgment lien from a lawsuit	lien)		
Check if this claim relates to a	Other (including a right to offset)			
community debt				
Date debt was incurred	Last 4 digits of account number		-	aassa kunsuudi kussaalisekka sii kiri kirin kantuun siirin saan siirin saansa kali saansa kantuu ka kirin ka k
Add the dollar value of your entries in (	Column A on this page. Write that numb	er nere:  >		

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Additional Page		Column A	Column B	Column C
Part 1: After listing any entries on this by 2.4, and so forth.	page, number them beginning with 2.3, followed	Amount of claim On not deduct the Value of collateral	Value of collateral that supports this claim	sportion
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name		]		
Number Street	•			
	- As of the date you file, the claim is: Check all that apply.	j		
	Contingent			
City State ZIP Code	Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 onty	An agreement you made (such as mortgage or secured	•		
Debtor 2 only Debtor 1 and Debtor 2 only	car loan)  Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
	Other (including a right to offset)	_		
Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name		}		
Number Street				
	As of the date you file, the claim is: Check all that apply.	· .		
**************************************	☐ Contingent	<del>i.</del>		
	☐ Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the deolors and another	Judgment lien from a lawsuit Other (including a right to offset)	•		
Check if this claim relates to a community debt	Orner (incloding a right to diser)			•
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	\$	\$	s
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Number Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of Ilen. Check all that apply.			
Debtor 1 only Debtor 2 only	<ul> <li>An agreement you made (such as mortgage or secured car loan)</li> </ul>			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
_	Other (including a right to offset)			
Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number		•	
	s in Column A on this page. Write that number here:	\$		
If this is the last page of your form Write that number here:	, add the dollar value totals from all pages.	\$		
THE PARTY OF THE P				

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Part 2:	List	Others to	Be	Notified	for a	Debt	That	You	Aiready	/ Listed

aç ye	jency is tryi ou have mor	ng to collect from e than one credito	you for a debt you owe to	someone else, list th you listed in Part 1,	a debt that you already listed in Part 1. For example, if a collection ne creditor in Part 1, and then list the collection agency here. Similarly, if list the additional creditors here. If you do not have additional persons to
	111111111111111111111111111111111111111				On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
					_
	Number	Street			
	**	· · · · · · · · · · · · · · · · · · ·			-
	City	<del></del>	State	ZIP Code	<del>-</del>
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street	<del></del>	- Marin	
	Number	Street			
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	(MICO 10 PA M. 10 PA A				On which line in Part 1 did you enter the creditor?
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	City		State	ZIP Code	-
					On which line in Part 1 did you enter the creditor?
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	the reclinic MEASURE INDICATE				On which line in Part 1 did you enter the creditor?
	Name	· · · · · · · · · · · · · · · · · · ·		<del></del>	Last 4 digits of account number
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				AND THE STATE OF T	On which line in Part 1 did you enter the creditor?
	Name			· · · · · · · · · · · · · · · · · · ·	Last 4 digits of account number
	Number	Street	No. 4 Mary 10		-
		· · · · · · · · · · · · · · · · · · ·			-
	City		State	ZIP Code	-
			Sidie	ZII UVUC	

Debtor 1   Check if this is an armended filing   Check if this is an a		Case	16-21399 Filed 03/21/16 Doc 22	
Debtor 2   Debtor 3 figure   Texture   Debtor 2   Debtor 3 figure   Debtor 3   Debtor 3   Debtor 3   Debtor 3   Debtor 4   Debtor 5   Debtor 4   Debtor 5   Debtor 4   Debtor 5   Debtor 6   Debtor	Fi	Il in this information to identify your case:	10 11000	
Chebris   Preserve   United States Bardrupthy Count for the:   County   Deleted of Deleted of County   Deleted of Deleted of County   Deleted of	De		roeder	
Speece, Sirry   Front Name   Leafware   Le	De		Last Name	
Case number    Case number   Case   C			Last Name	
Cost marker  Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  12/16  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. As present the contemporary to any security centracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AS Property (Official Form 1068/F) and on Schedule De Executory Contracts and Managerial Leases (Official Form 1068/F) and on Schedule De Executory Contracts and Managerial Leases (Official Form 1068/F) and on Schedule De Executory Contracts and Managerial Lease (Official Form 1068/F). Do not include any additional pages, write your name and case number (if known).  Faul 11 List All of Your PRIORITY Unsecured Claims against you?  List All of Your Priority unsecured claims against you?  List All of Your priority unsecured claims. If a creditor has more than one priority unsecured claim, sight the creditor separately for seat claim. If a creditor has more than one priority unsecured claims has both priority and neophority amounts. As much as possible, list the claims as alphabetical order according to the creditor separately for seat claim. For each claim lists, identify shall type of claims. If a lid claim has both priority and neophority amounts. As much as possible, list the claims is a sphabetical order according to the creditor separately for seat claims. For creditors are explained to each of the debt? Check and the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 only  Debtor 3 only Debtor 2 only  Debtor 4 only Debtor 4 only Debtor 2 only  Debtor 4 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 4 on	Ur	nited States Bankruptcy Court for the: EOCHU	District of CA,	
Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 6 for creditors with NONPRIORITY claims. Like the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Als: Property (Official Form 108Als) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 108Gl). Do not include any creditors with parallely secured claims that are listed in Schedule 10: Creditors with surve Claims Secured Dy Property in more spaces is needed, copy the Part you need, fill it out, number the entires in the boxes on the left. Attach the Continuation Page to this page. On the top of any defibrant pages, write your name and ceae unabout it is should be properly and pages, write your name and ceae unabout it is should be properly and pages, write your name and ceae unabout it is should be properly and pages, write your name and ceae unabout it is should be properly and pages, write your name and ceae unabout it is should be properly and pages, write your name and ceae unabout it is should be properly and pages, write your name and ceae unabout it is should be properly and pages, write your name and ceae unabout it is a claim has both priority unsacured claims, list the creditor separately for each claim. For each claim listed, identify what type of claims is 1.5 a claim has both priority and nonpriority amounts. As much as possible, list the claims and the properly unsacured claims; fill on the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the claim has been properly unsacured claims; fill the other properly and nonpriority an	۲,	10-21399-A-12	(State)	☐ Check if this is an
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule ASP: Property (Official Form 1648/8) and on Schedule 2: Executory Contracts and Unexpired Leases (Official Form 1648/8) and on Schedule 2: Executory Contracts and Unexpired Leases (Official Form 1648/8) and to Schedule 2: Executory Contracts and Unexpired Leases (Official Form 1648/8) and to Schedule 2: Executory Contracts and Unexpired Leases (Official Form 1648/8) and to Schedule 2: Executory Contracts and Unexpired Leases (Official Form 1648/8) and to Schedule 2: Creditors With partially secured (Priority Unsecuted Claims secured by Property. If more space is received copy the Party or unexpired (Priority Unsecuted Claims and Case number (If known).  POY 11 Let All of Your PRIORITY Unsecured Claims against you?    No. Go to Part 2:   Yes.				amended filing
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule ASP: Property (Official Form 1648/8) and on Schedule 2: Executory Contracts and Unexpired Leases (Official Form 1648/8) and on Schedule 2: Executory Contracts and Unexpired Leases (Official Form 1648/8) and to Schedule 2: Executory Contracts and Unexpired Leases (Official Form 1648/8) and to Schedule 2: Executory Contracts and Unexpired Leases (Official Form 1648/8) and to Schedule 2: Executory Contracts and Unexpired Leases (Official Form 1648/8) and to Schedule 2: Creditors With partially secured (Priority Unsecuted Claims secured by Property. If more space is received copy the Party or unexpired (Priority Unsecuted Claims and Case number (If known).  POY 11 Let All of Your PRIORITY Unsecured Claims against you?    No. Go to Part 2:   Yes.	Of	ficial Form 106E/F		
List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts and theosphet Leases (Official Form 166G), Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors With Have Claims Secured by Property. If more space is needed, copy the Party vou need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 11 List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims, against you?    Question			Yho Have Unsecured Claim	<b>IS</b> 12/15
List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts and theosphet Leases (Official Form 166G), Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors With Have Claims Secured by Property. If more space is needed, copy the Party vou need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).  Part 11 List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims, against you?    Question	Be a	as complete and accurate as possible. Itse Part	1 for creditors with PRIORITY claims and Part 2 for a	reditors with NONPRIORITY claims
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Part 11   List All of Your PRIORITY Unsecured Claims   List All of Your Priority	A/B	: Property (Official Form 106A/B) and on Sched litors with partially secured claims that are lists	ule G: Executory Contracts and Unexpired Leases (O od in Schedule D: Creditors Who Heye Claims Secure	fficial Form 106G). Do not include any
Part 1: List All of Your PRIORITY Unsecured Claims against you?    No. Co to Part 2.   Yes.	nee	ded, copy the Part you need, fill it out, number	the entries in the boxes on the left. Attach the Contin	
Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim is. If a claim has both priority and anoppriority amounts. As much as possible, list the claims in sharphabetical order according to the creditor's name. If you have more than how priority unsecured claims, fill out the Confinuation Page of Part 1. If more than one creditor holds a particular claim, field the other creditors in Part 3.  (For an explanation of each type of claim, see the Instructions for this form in the instruction booklet.)  (For an explanation of each type of claim, see the Instructions for this form in the instruction booklet.)  That claim, fiel the other creditors in Part 3.  (For an explanation of each type of claim, see the Instructions for this form in the instruction booklet.)  That claim, fiel the other creditors in Part 3.  (For an explanation of each type of claim, see the Instructions for this form in the instruction booklet.)  That claim, fiel the other creditors in Part 3.  (For an explanation of each type of claim, see the Instructions for this form in the instruction booklet.)  That claim, field the other creditor in Part 3.  (For an explanation of each type of claim, see the Instruction booklet.)  That claims is the other seems of the debtor and another and another and another and another and the seems of the debtor of seems of the debtor and another and provided the debt. Claims is for a community debt and the claim is for a community debt and the claim is the claim is for a community debt and the claim is the claim is for each or each offset?  Debtor 1 only better 2 only better 2 only better 1 only better 2 only better 2 only better 2 only better 3 only better 4 only the claim is claim in the claim in the claim in the claim is provided to offset?  Debtor 1 only better 2 only better 2 only better	any	additional pages, write your name and case nu	mber (If known).	
No. Go to Part 2.    Yes.   Yes.   Yes.	Pai	11 1: List All of Your PRIORITY Unsecur	ed Claims	
No. Go to Part 2.    Yes.   Yes.   Yes.	1.	Do any creditors have priority unsecured claim	e ansinet wou?	
Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, fist the creditor separately for each claim. For each claim isted, identify what type of claim it is. If a claim has both priority and monpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphiabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)    Total Claim   Priority   Nonpriority   Nonprior	•		- agamot jou.	
each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts. As much as possible, list the claims in abhabetical order according to the creditor's name. If you have more than how priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, fist the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet)  Total claim Priority. Nonpriority amounts.  Last 4 digits of account number \$ \$ \$  Priority Creditor's Name   Last 4 digits of account number \$ \$ \$  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  City State ZP Code   Contingent   Unfaçudated   Disputed   Disputed    Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Type of PRIORITY unsecured claim:   Omestic support obligations    Taxes and certain other debts you were intoxicated   Other. Specify   Contingent    Number Street				
nonpriority amounts. As much as possible, list the claims in alphabetical order according for claim, sit the other creditor's name. If you have more than two priority unsecured claim, sit the other creditor's name. If you have more than two priority unsecured claim. Is the other creditor's near 1. If more than one creditor holds a particular claim. Is the other creditor's near 1. If more than one creditor holds a particular claim. Is the other creditor's near 1. If more than one creditor holds a particular claim. Is the other creditor's near 1. If more than one creditor's near 1. If more than one creditor holds a particular claim. Is the other creditor's near 1. If more than one creditor holds a particular claim. Is the other creditor's near 1. If more than one creditor holds a particular claim. Is the other creditor's near 1. If more than one creditor holds a particular claim. Is the other creditor's near 1. If more than one creditor holds a particular claim. Is the other creditor's near 1. If more than one creditor holds a particular claim. Is the other creditor's near 1. If more than one creditor holds a particular claim. Is the other one of the debt incurred?  As of the date you file, the claim is: Check all that apply.  Claims for death or personal injury while you were intoxicated of the debt incurred?  Number Street  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Unliquidated  Disputed  Topic PRIORITY unsecured claim:  Debtor 1 and Debtor 2 only  Claims for death or personal injury while you were intoxicated intoxica	2.	List all of your priority unsecured claims. If a cr	editor has more than one priority unsecured claim, list the	e creditor separately for each claim. For
Unsecured claims, fill out the Continuation Page of Parl 1. If more than one creditor holds a particular claim. Its the other creditors in Parl 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Total claim   Priority   Nonpriority   amount     Last 4 digits of account number		each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the o	a claim has both priority and nonpriority amounts, list that talms in alphabetical order according to the creditor's pa	t claim here and show both priority and
Priority   Roppriority   Rop		unsecured claims, fill out the Continuation Page of	Part 1. If more than one creditor holds a particular claim,	list the other creditors in Part 3.
Priority Creditor's Name		(For an explanation of each type of claim, see the i	nstructions for this form in the instruction booklet.)	
Priority Creditor's Name   Last 4 digits of account number   S   S   S			MANAGA	
Number Street  As of the date you file, the claim is: Check all that apply.  City Slate ZiP Code  Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Priority Creditor's Name  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Uniquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intovicated Other. Specify  Other. Specify  As of the date you file, the claim is: Check all that apply.  Contingent Uniquidated Uniquidated Disputed  Type of PRIORITY unsecured claim: Claims for death or personal injury while you were intovicated Uniquidated Uniquidated Uniquidated Disputed  Type of PRIORITY unsecured claim: Debtor 1 onty Debtor 1 onty Debtor 2 onty Debtor 1 and Debtor 2 onty Debtor 1 onty At least one of the debtors and another Claims for death or personal injury while you were infootcated Claims for death or personal injury while you were infootcated Claims for death or personal injury while you were infootcated Claims for death or personal injury while you were infootcated Claims for death or personal injury while you were infootcated Claims for death or personal injury while you were infootcated Claims for death or personal injury while you were infootcated Claims for death or personal injury while you were infootcated Claims for death or personal injury while you were infootcated Claims for death or personal injury while you were infootcated Claims for death or personal injury while you were infootcated Claims for death or personal injury while you were infootcated Claims for death or personal injury while you were infootcated Claims for death or personal injury while you were infootcated Claims for death or personal injury while you were infootcated Claims for death or personal	2.1		4*	
As of the date you file, the claim is: Check all that apply.    Contingent   Check if this claim is for a community debt     Is the claim subject to offset?   Contingent     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Street   Check if this claim is for a community debt     Check if this claim is for a community debt     Street   Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community index     Check if this claim is for a community debt     Check if this claim is for a community index     Check if this claim is for a community index     Check if this claim is for a community index     Check if this claim is for a community index     Check if this claim is for a community index     Check if this claim is for a community index     Check if this claim is for a community index     Check if this claim is for a community index     Check if this claim is for a community index     Check if this claim is for a community index     Check if this claim is for a community index     Check if this claim is for a community index     Check if this claim is for a community index     Check if this cl		Priority Creditor's Name	Last 4 digits of account number	\$\$
As of the date you file, the claim is: Check all that apply.    City   State   ZiP Code   Unliquidated   Unliquidated   Disputed   Unliquidated   Disputed   Unliquidated   Disputed   Unliquidated   Disputed   Unliquidated   Disputed   Unliquidated   Disputed   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Ormestic support obligations   Taxes and certain other debts you owe the government   Claims for death or personal injury while you were intoxicated   Other. Specify   Other. Specify      No			When was the debt incurred?	
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Last 4 digits of account number Street  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidate		Number Street		
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 5 offset?  Last 4 digits of account number Who incurred the debt? Check one. Debtor 1 only Debtor 5 treet As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Disputed Disputed Disputed Disputed Disputed Disputed Disputed Disputed Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Intoxi				
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Debtor 2 only				
Debtor 1 and Debtor 2 only At least one of the debtors and another Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  Priority Creditor's Name  City State ZiP Code Who Incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  Check if this claim is for a community debt is the claim subject to offset?  Other. Specify  Domestic support obligations Taxes and certain other debts you were the government Claims for death or personal injury while you were intoxicated Other. Specify  Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  Other. Specify			Type of DDIODITY upgraved electric	
At least one of the debtors and another  Check if this claim is for a community debt is the claim subject to offset?  No Yes  Last 4 digits of account number  Number Street  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Unliquidated  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Claims for death or personal injury while you were intoxicated  Other. Specify  Last 4 digits of account number  Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Debtor 1 only Debtor 2 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset?  Other. Specify  Other. Specify  Taxes and certain other debts you were he government Claims for death or personal injury while you were Intoxicated Other. Specify  Other. Spe				
Claims for death or personal injury while you were intoxicated   Claims for death or personal injury while you were intoxicated   Other. Specify   Other. Spe			· · · · · · · · · · · · · · · · · · ·	
Is the claim subject to offset?  No Yes  Last 4 digits of account number \$ \$ \$.  Priority Creditor's Name  When was the debt incurred?  Number Street  As of the date you file, the claim is: Check all that apply.  City State ZiP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Intoxicated Other. Specify  Intoxicated Other. Specify		☐ Check if this claim is for a community debt		
Yes				
Last 4 digits of account number   S   S   S			Uner. Specify	
Priority Creditor's Name  When was the debt Incurred?  As of the date you file, the claim is: Check all that apply.  City State 2IP Code Unliquidated  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Last 4 digits of account number  \$ \$ \$  When was the debt Incurred?  As of the date you file, the claim is: Check all that apply.  Unliquidated Unliquidated Unliquidated Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated  Other. Specify  Other. Specify	2.2	103		
As of the date you file, the claim is: Check all that apply.  City State ZIP Code Unliquidated  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  Disputed  Type of PRIORITY unsecured claim:  Domestic support obligations  Taxes and certain other debts you owe the government  Claims for death or personal injury while you were intoxicated  Other. Specify  Other. Specify		Priority Creditor's Name		\$\$
As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of PRIORITY unsecured claim:  Domestic support obligations  Taxes and certain other debts you owe the government  Claims for death or personal injury while you were intoxicated  Other. Specify  Other. Specify			When was the debt incurred?	
City State ZIP Code Unliquidated  Who incurred the debt? Check one.  Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated  Other. Specify		Number Street	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated  Other. Specify			☐ Contingent	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated  Other. Specify  Other. Specify		•		
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  I type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were Intoxicated  Cther. Specify  Other. Specify			LISPURED	
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Cother. Specify				
Claims for death or personal injury while you were Intoxicated  Is the claim subject to offset?  Claims for death or personal injury while you were Intoxicated  Other. Specify		Debtor 1 and Debtor 2 only	· · · · · · · · · · · · · · · · · · ·	
Is the claim subject to offset?   Other. Specify				
Is the claim subject to offset?  ☐ Other. Specify		☐ Check if this claim is for a community debt		
₩ NO			Other. Specify	
☐ Yes				

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Part 1: Yo	our PRIORITY Unsecured Claims	s — Continuation Page			
After listing an	y entries on this page, number them	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
Priority Credito	or's Name	Last 4 digits of account number	\$	. \$	, <b>\$</b>
Number	Street	When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
City	State ZIP Code	Unliquidated			
Who incur	red the debt? Check one.	☐ Disputed			
Debtor 1		Type of PRIORITY unsecured claim:			
Debtor 2	•				
Debtor 1	l and Debtor 2 only	Domestic support obligations     Taxes and certain other debts you owe the government			
At least o	one of the debtors and another	Claims for death or personal injury while you were			
Check i	if this claim is for a community debt	intoxicated  Other. Specify			
Is the clain	n subject to offset?	Circle, Openly			
□ No	<b>,</b>				
☐ Yes					
	SAME CONTROL OF THE SAME OF TH	Last 4 digits of account number	S	s	Ś
Priority Credito	or's Name	rast a milits of account training	V	•	<u> </u>
Number	Street	When was the debt incurred?			
	Ou Co.	As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
City	Slate ZIP Code	Unliquidated			
-		Disputed			
	red the debt? Check one.	•			
Debtor 1		Type of PRIORITY unsecured claim:			
Debtor 2	2 only 1 and Debtor 2 only	Omestic support obligations			
	one of the debtors and another	Taxes and certain other debts you owe the government			
	if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
☐ CHECK I	if this claim is for a community dept	Other. Specify			
	n subject to offset?				
□ No					
☐ Yes	Control of the contro				**************************************
Priority Credito	or's Name	Last 4 digits of account number	\$	\$	\$
,,		When was the debt incurred?			
Number	Street	Angulate and the second			
		As of the date you file, the claim is: Check all that apply.			
		Contingent			
City	State ZIP Code	Unliquidated Disputed			
Who incurs	red the debt? Check one.	G Disputed			
Debtor 1		Type of PRIORITY unsecured claim:			
Debtor 2		Domestic support obligations			
	l and Debtor 2 only	Taxes and certain other debts you owe the government			
	one of the debtors and another	Claims for death or personal injury while you were			
Check i	if this claim is for a community debt	Intoxicated  Other. Specify		<del></del>	<del></del>
is the claim	n subject to offset?				
□ No					
Yes					

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3.	Do any creditors have nonpriority unsecured claims against y  No. You have nothing to report in this part. Submit this form to  Yes		
	List all of your nonpriority unsecured claims in the alphabetic nonpriority unsecured claim, list the creditor separately for each claim.	aim. For each claim listed, identify what type of claim it is. Do no	t list claims already
	included in Part 1. If more than one creditor holds a particular claims fill out the Continuation Page of Part 2.	n, list the other creditors in Part 3.If you have more than three no	onpriority unsecured
	·		Total claim
4.1		Last 4 digits of account number	
	Nonpriority Creditor's Name	When was the debt incurred?	\$
	Number Street	Miles ago de dept dicalient	
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
		☐ Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 2 only		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	☐ Check If this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
	•	that you did not report as priority claims	
	is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	□ No	Other. Specify	
	Yes		
4.2		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
		And the second s	
	Number Street		
		As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated	
	Debtor 1 only	☐ Disputed	
	☐ Debtor 2 only		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student foans	
		Obligations arising out of a separation agreement or divorce	
	☐ Check if this claim is for a community debt	that you did not report as priority claims	
	is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	i
	□ No	Other. Specify	
	☐ Yes		
4.3		Last 4 digits of account number	
	Nonpriority Creditor's Name	When was the debt incurred?	\$
		selen was the dent inculted:	
	Number Street	MANAGE CONTRACTOR OF THE CONTR	
		As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	D Autoria	
	Who incurred the debt? Check one.	Contingent	
	Debtor 1 only	☐ Unliquidated ☐ Disputed	
	Debtor 2 only	- Uspaleu	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	and Doctor 1 and Doctor 2 and	. The action in airs i amonomion plants	
	At least one of the debtors and another	<b>D</b> ~	
	At least one of the debtors and another	Student loans	
	☐ At least one of the debtors and another☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	:
	☐ At least one of the debtors and another☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	1

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fter listing any entries on this page, number them beginning wit	th 4.5. followed by 4.6. and so forth	Total claim
	iii 430) ionowee by 3,0, and so forth.	guai Gall
	Last 4 digits of account number	S
Nonpriorily Creditor's Name	When was the debt incurred?	<u> </u>
Number Street	As of the date you file, the claim is: Check all that apply.	
City Slate ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		
At least one of the debtors and another	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
☐ Check if this claim is for a community debt	you did not report as priority claims	
•	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify	
□ No		
Yes		
	Last 4 digits of account number	S
Nonpriority Creditor's Name	<del></del>	,
	When was the debt Incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
18th a linear and the delate of the con-	☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only Debtor 2 only	Town of MOMPHOPING and a second old and	
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check If this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify	
□ No		
Yes		
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
A4.	<del>-</del> -	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated Disputed	
Debtor 1 only	- Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
·	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify	
□ No □ Yes		

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Part 3: List Others to Be Notified About a Debt That You Already Listed

, then lis	t the collection agenc	y here. Similar	ly, if you have	u for a debt you owe to someone else, list the original creditor in Parts 1 or emore than one creditor for any of the debts that you listed in Parts 1 or 2, list the ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
		in and any companion and project in particular and an internal support, and an internal support, and an internal	<del>werens of the state of the s</del> tate of the state of the st	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			* *** * **	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
	<del></del>			Part 2: Creditors with Nonphority Unsecured Claim
		······································		Last 4 digits of account number
City:		State	ZIP Code	
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
Nonie,				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
		·		Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): D Part 1: Creditors with Priority Unsecured Claims
lumber	Street	<u> </u>	<del></del>	Part 2: Creditors with Nonpriority Unsecured
		,		Claims
		-		Last 4 digits of account number
City		State	ZIP Code	and a social manipul from the first
lame				On which entry in Part 1 or Part 2 did you list the original creditor?
Idilio				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
dumber	Street			☐ Part 2: Creditors with Nonpriority Unsecured
		····		Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name			<del></del>	
lumb or	Charat		·	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber	Street			Part 2: Creditors with Nonpriority Unsecured Claims
			·	
ity		State	ZIP Code	Last 4 digits of account number
<del></del>	······································			On which entry in Part 1 or Part 2 did you list the original creditor?
Vame				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street	<del> </del>	<del></del>	Part 2: Creditors with Nonpriority Unsecured
				Claims Claims
				Last 4 digits of account number
City		State	ZIP Code	
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street:			☐ Part 2: Creditors with Nonpriority Unsecured
			·····	Claims
City		State	ZIP Code	Last 4 digits of account number

RITA A. GENTE BOOK Filed 03/21/16 ase Differ 2020/00 16-21399-A-13J

Part 4:

#### Add the Amounts for Each Type of Unsecured Claim

6.	Total the amounts of certain types of unsecured claims.	This Information is for statistical reporting purposes only. 28 U.S.C. § 159
	Add the amounts for each type of unsecured claim.	

			Total claim
Total claims	6a. Domestic support obligations	6a.	, None
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+§
	6e. Total. Add lines 6a through 6d.	6e.	\$
			Total claim
Total claims	6f. Student loans	6f.	, None
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	s
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	<b>6</b> i.	+ \$
	6j. Total. Add lines 6f through 6i.	6j.	s

Fill in this in	nformation to identify	your case:	
Debtor	# Rith	A. Middle Name	Schroeder
Debtor 2 (Spouse If filing)	First Name  Bankruptcy Court for the:	Hiddle Name Easte	Last Name
Case number (If known)	16-2139	9-A-	(State)

Check if this is an amended filing

#### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ` ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person o	r company w	ith whom you	have the contract or lease	State what the contract or lease is for
2.1	e a programme a supplication				
	Name				<del></del>
	110,110				
	Number	Street			
	City		State	ZIP Code	
2.2					
2.2	Name				***************************************
	warne				
	Number	Street		······································	
	City		State	ZIP Code	
2.3			State	Zir Coue	
	Name	·			
	140110				
	Number	Street			<del></del>
	City	····	State	ZIP Code	· · · · · · · · · · · · · · · · · · ·
2.4					
H	Name		· · · · · · · · · · · · · · · · · · ·		
	Number	Street			
	City		State	ZIP Code	manufacture.
2.5					
H	Name				
	Number	Street			
	City		State	ZIP Code	
		. ** : : : - ; * - ; * - ; * * - : * * * * * *	to a contract of the forms of money special families on	entere mente este territorio de la constituir del la constituir de la constituir de la constituir de la constituir	y transmission ombowens of the property of the contraction of the cont

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Sita A. Schroeder Case number (# Known) 16-21399 - A-13T

First Name Middle Name Last Name

		Additiona	l Page if You I	Have More Co	ntracts or Leases	
	Persor	or compar	y with whom yo	u have the cont	ract or lease	What the contract or lease is for
2						
	Name					_ `
	Number	Street		<u> </u>		_
	City		State	ZIP Code		<del>-</del>
2						
2	Name					-
	Number	Street				_
				****		<u></u>
	City		State	ZIP Code		
2	Name					_
						_
	Number	Street				
	City		State	ZIP Code		_
2						
	Name					
	Number	Street				_
	City		State	ZIP Code		-
2				**************************************		
	Name					<del>-</del>
	Number	Street	·			-
	City	········	State	ZIP Code		-
2		7474-04 <del>40-1</del> 4-1	<del></del>			\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Name					<del>-</del>
	Number	Street				-
	City		State	ZIP Code		-
2						
2	Name	7.5	· · · · · · · · · · · · · · · · · · ·	<del></del>		-
	Number	Street				_
			04-4-	710.0-4-		_
_ [	City		State	ZIP Code		
2	Name	······································				-
						_
	Number	Street				
	City		State	ZIP Code		

		Case 16-22	1399 Filed 03/21/1	L6 Doo
Fill in this	information to iden	tify your case:		
Debtor 1	Rita First Name	Middle Name	Sch roeder	
Debtor 2 (Spouse, if filin	g) First Name	Middle Name	Last Name	
United States	s Bankruptcy Court for I		District of County	
Case numbe (If known)	16-2139	9-A-13J	(Siais)	
	Form 106H	_ ur Codebtors		
Codebtors a people are f it out, and n	re people or entities lling together, both umber the entries is	s who are also liable for ar are equally responsible fo	ny debts you may have. Be a or supplying correct informat ach the Additional Page to ti n.	tion. If more
	•		se, do not list either spouse as	a codebtor
A 180747-1				

☐ Check if this is an amended filing

12/15

e and accurate as possible. If two married re space is needed, copy the Additional Page, fill On the top of any Additional Pages, write your

	🗖 No		
1 /	Yes		
2. \	Within the last 8 years, have you lived in a community	property state or territory? (Community property states and territories	
1	No. Go to line 3.	v Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)	
1	<ul><li>No. Go to line 3.</li><li>Yes. Did your spouse, former spouse, or legal equivalent</li></ul>	ent live with you at the time?	
•	No	on the wai you at the unit:	
		ive? Fill in the name and current address of that person	n
	,,,,,,,		
	Name of your spouse, former spouse, or legal equivalent		
	Number Street		
	City State	ZiP Code	
;	<u> </u>	is a guarantor or cosigner. Make sure you have listed the creditor on I Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D,  **Column 2: The creditor to whom you owe	ingnagasi – Sakaliyaya
	Columni 1. Tour coueptor		ALL BLA
1			the debt
<u> </u>		Check all schedules that apply:	the debt
3.1		Check all schedules that apply:	the debt
3.1	Name	Check all schedules that apply:	the debt
3.1	Name Number Street	Check all schedules that apply:  Schedule D, line  Schedule E/F, line	the debt
3.1	Number Street	Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line	the debt
		Check all schedules that apply:  Schedule D, line  Schedule E/F, line	the debt
3.1	Number Street  City State	Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line	the debt
	Number Street	Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line	the debt
	Number Street  City State	Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line  ZIP Code  Schedule D, line	the debt
	Number Street  City State  Name	Check all schedules that apply:  Schedule D, line Schedule E/F, line Schedule G, line  ZIP Code  Schedule D, line Schedule D, line	the debt
	Number Street  City State  Name  Number Street	Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line  ZIP Code  Schedule D, line  Schedule E/F, line  Schedule E/F, line  Schedule G, line	the debt
3.2	Number Street  City State  Name  Number Street	Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line  Schedule D, line  Schedule E/F, line  Schedule G, line  Schedule G, line	the debt
3.2	Number Street  City State  Name  Number Street  City State	Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line  Schedule D, line  Schedule E/F, line  Schedule G, line  Schedule G, line  Schedule G, line	the debt
3.2	Number Street  City State  Name  Number Street  City State	Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line  Schedule D, line  Schedule E/F, line  Schedule G, line  Schedule G, line	the debt
3.2	Number Street  City State  Name  Number Street  City State	Check all schedules that apply:  Schedule D, line  Schedule E/F, line  Schedule G, line  Schedule D, line  Schedule E/F, line  Schedule G, line  Schedule G, line  Schedule G, line	the debt

	Additional	Page to List more Codebtors		
	Column 1; Your cod	lebtor		Column 2: The creditor to whom you owe the debt
3]				Check all schedules that apply:
	***************************************			O Schedule D, line
	Name			☐ Schedule E/F, line
	Number Street			Schedule G, line
				·
<b>_</b>	City	State	ZiP Code	
3				Onbarto D For
	Name			Schedule D, line
				□ Schedule E/F, line  □ Schedule G, line
	Number Street			Galedole G, line
	City	State	ZIP Code	<del></del>
3				
	Name			Schedule D, line
				O Schedule E/F, line
	Number Street			Schedule G, line
	City	State	77.0	<u></u>
	Gly	State	ZIP Code	
3				Schedule D, line
	Name			☐ Schedule E/F, line
	Number Street			Schedule G, line
				<del></del>
	City	State	ZIP Code	
3				_ Schedule D, line
	Name			Schedule E/F, line
	Number Street			- Schedule G, line
	Monther Sheet			Concount O, and
	City	State	ZIP Code	<del>-</del>
3				
	Name			Schedule D, line
				Schedule E/F, line
	Number Street			Schedule G, line
	City	State	ZIP Code	_
	City	Shake	ZIP Coue	
3	Name			Schedule D, line
				☐ Schedule E/F, line
	Number Street			Schedule G, line
3	City	Slale	ZIP Code	
				Schedule D, line
	Name			☐ Schedule E/F, line
	Number Street			Schedule G, line
	City	Stale	ZIP Code	_

Fill in this information to identify	your case:			
Debtor 1 Rita	A. Schi	roeder		•
First Name Debtor 2	Middle Name	Last Name		
(Spouse, if filing) First Name	Middle Name	Last Name	7	
United States Bankruptcy Court for the:	Eastern	District of (State)	Ľ'	
Case number (If known)	LC1 = 11 - 1M		Check if the	
			<del></del>	ended filing slement showing postpetition chapter 13
Official Form 1061				e as of the following date:
Official Form 106I			MM / D	D/ YYYY
Schedule I: You				12/15
supplying correct information. If yo	ou are married and not fili use is not filing with you, o top of any additional pag	ng jointly, and your s do not include inform	pouse is living with y	r 2), both are equally responsible for ou, include information about your spouse. use. If more space is needed, attach a nown). Answer every question.
Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed  Not employed		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.		Qatiro	A	
Occupation may include student or homemaker, if it applies.	Occupation	reme		49.00
	Employer's name			
	Employer's address			
		Number Street		Number Street
,				
		City Sta	ate ZIP Code	City State ZIP Code
	How long employed ther	e?		
Part 2: Give Details About	Monthly Income	•		
Estimate monthly Income as of	the date you file this form	. If you have nothing to	report for any line, wri	te \$0 in the space. Include your non-filing
spouse unless you are separated.  If you or your non-filing spouse had below, if you need more space, a	ive more than one employe	r, combine the informatis form.	tion for all employers fo	r that person on the lines
			For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sale deductions). If not paid monthly,	ary, and commissions (be calculate what the monthly	fore all payroll wage would be. 2.	\$	\$
3. Estimate and list monthly over	time pay.	3.	+\$	+ \$
4. Calculate gross income. Add fi	ne 2 + line 3.	4.	\$	s



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Som Ded G

Case number (#known) 16-21399-A-13 J

		For Debtor 1	For Debtor 2 or non-filling spouse	
Copy line 4 here	→ 4.	\$	\$	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	. \$ <u></u>	. <b>.</b>	
5b. Mandatory contributions for retirement plans	5b.			
5c. Voluntary contributions for retirement plans	5c.	. s		
5d. Required repayments of retirement fund loans	5d.	. s <u> </u>		
5e. Insurance	5e.	. \$	<u>\$</u>	
5f. Domestic support obligations	5f.	\$	<u> </u>	
5g. Union dues	5g.	s_ <i>1</i> 0	<u> </u>	
5h. Other deductions. Specify:	5h.		+ s	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h	ı. <b>6</b> .	<u>S</u>	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	\$	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm				
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	`\$ <u></u>	
8b. Interest and dividends	8b.	•	Š	
8c. Family support payments that you, a non-filing spouse, or a depend regularly receive	lent	7	· ·	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c:	\$	\$	
8d. Unemployment compensation	8d.	\$	\$	
8e. Social Security	8e.	S	\$	
8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistathat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	nce 8f.	\$ <u></u>	\$	
8g. Pension or retirement income	8g.	\$ 120901	<b>.</b> .	
8h. Other monthly income. Specify:	8h.	<u> </u>	<u> </u>	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	+\$s	* * * * * * * * * * * * * * * * * * *	
10 Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	s 18090L	4 s	= s18090t
11. State all other regular contributions to the expenses that you list in Sche Include contributions from an unmarried partner, members of your household, friends or relatives.	your d	dependents, your roo		
Do not include any amounts already included in lines 2-10 or amounts that are		vailable to pay expe	nses listed in Schedule J.	
Specify:				+ s
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain	e resul Statist	It is the combined mo lical Information, if it	onthly income. applies 12.	s 1809 01 Combined
13. Do you expect an increase or decrease within the year after you file this $\Box$ No.	form?	?	Maria III	monthly income
Yes. Explain:				

Debtor 1 Rita A. Schroe  First Name Middle Name Last Name  Debtor 2 (Spouse, If filling) First Name Last Name  United States Bankruptcy Court for the:  Case number (If known)	State)   A supplemental expension of the control of	his is: nended filing plement showing post ses as of the following	•
Official Form 106J			
Schedule J: Your Expenses			12/15
Be as complete and accurate as possible. If two married people are fill information. If more space is needed, attach another sheet to this form (If known). Answer every question.			
Part 1: Describe Your Household			
1. Is this a joint case?			
No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?			•
☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for S	Senerale Household of Debtor 2		
2. Do you have dependents? No	Dependent's relationship to	Dependent's	Does dependent live
Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2	age	with you?
Do not state the dependents' names.		<del></del>	□ No □ Yes
· · · · · · · · · · · · · · · · · · ·		-	□ No
		,	Yes No
			☐ Yes
			□ No □ Yes
			□ No
			☐ Yes
3. Do your expenses include expenses of people other than yourself and your dependents?			
Part 2: Estimate Your Ongoing Monthly Expenses			
Estimate your expenses as of your bankruptcy filing date unless you a expenses as of a date after the bankruptcy is filed. If this is a supplemental applicable date.	ental <i>Schedule J</i> , check the bo	•	•
Include expenses paid for with non-cash government assistance if you such assistance and have included it on Schedule I: Your Income (Offi		Your expe	nses
4. The rental or home ownership expenses for your residence. Include any rent for the ground or lot.	first mortgage payments and	4. \$	
If not included in line 4:			
4a. Real estate taxes		4a. \$	***************************************
4b. Property, homeowner's, or renter's insurance		4b. \$	
4c. Home maintenance, repair, and upkeep expenses		4c. \$	
4d. Homeowner's association or condominium dues		4d. \$	

Rita A. Schroeder
First Name Middle Name Last Name

Case number (# known) 16-21399-A-13T

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$
6.	Utilities:		
U.	6a. Electricity, heat, natural gas	6a.	s 100
	6b. Water, sewer, garbage collection	6b.	s 150
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	s 5567
	6d. Other. Specify:	6d.	S
7	Food and housekeeping supplies	7.	s 300
۰. 8.	Childcare and children's education costs	8.	. Ø
9.	Clothing, laundry, and dry cleaning	9.	<u> </u>
10.	Personal care products and services	10.	\$ <b>26</b> 0
11.	Medical and dental expenses	11.	<u>, 100</u>
12.		* * * *	77-
12.	Do not include car payments.	12.	s 20°
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$
14.	Charitable contributions and religious donations	14.	<u>\$</u>
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.		Quit
	15a. Life insurance	15a.	s
	15b. Health insurance	15b.	s 100
	15c. Vehicle insurance	15c.	<u>\$ 35-</u>
	15d. Other insurance. Specify:	15d.	\$
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	s 100
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify: REPOUTS	17c.	s 50-
	17d. Other. Specify:	17d.	\$
18.	Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106).	18.	s
19.	Other payments you make to support others who do not live with you,		T
	Specify:	19.	<b>\$</b>
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	re.	
	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxes	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e. Homeowner's association or condominium dues	20e.	\$

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Debtor 1

Rita A. Schroeder

Case number (# Known) 16-21399-A-13J

21.	Othe	r. Specify:	21.	+\$
22.	Calc	late your monthly expenses.		
	22a.	Add lines 4 through 21.	22a.	s
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$
	22c. /	Add line 22a and 22b. The result is your monthly expenses.	22c.	S
23.	Calcul	ate your monthly net income.		1200 el
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	s 1809 —
	23b.	Copy your monthly expenses from line 22c above.	23b.	-s 1709
		Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	s_100-
24.	Do yo	u expect an increase or decrease in your expenses within the year after you file this form?		
• •		ample, do you expect to finish paying for your car loan within the year or do you expect your ige payment to increase or decrease because of a modification to the terms of your mortgage?		
	☐ No.			
	Yes	Explain here:		
				Proposition in the second seco

Fill in this information to identify your case:					
Debtor 1	Rita	A SUN	roeder Last Name		
Debtor 2 (Spouse, if filing)	First Name  Bankruptcy Court for the:	Middle Name Eastern	Lest Name District of CANA.		
Case number	16-21399 (If known)	-A-13J	(State)		

Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

P	art 1:	Summarize Your Assets		
1.	1a. Co	ule A/B: Property (Official Form 106A/B) py line 55, Total real estate, from Schedule A/B  py line 62, Total personal property, from Schedule A/B  py line 63, Total of all property on Schedule A/B	······································	Your assets Value of what you own  s. 200, 000  s. 3040  s. 203,040
P:	art 2:	Summarize Your Liabilities		
3.	2a. Col Schedi 3a. Col	ule D: Creditors Who Have Claims Secured by Property (Official Form 1) by the total you listed in Column A, Amount of claim, at the bottom of the ule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) by the total claims from Part 1 (priority unsecured claims) from line 6e of the total claims from Part 2 (nonpriority unsecured claims) from line 6 by the total claims from Part 2 (nonpriority unsecured claims) from line 6 by the total claims from Part 2 (nonpriority unsecured claims) from line 6 by the total claims from Part 2 (nonpriority unsecured claims)	e last page of Part 1 of Schedule D	Your liabilities Amount you owe  \$ 421,796  \$ 6  + \$ 6  \$ 421,796
	0.4.	(05.115		
4.		ule I: Your Income (Official Form 106I)  your combined monthly income from line 12 of Schedule I		\$ 1809°
5.		ule J: Your Expenses (Official Form 106J) your monthly expenses from line 22c of Schedule J		s_1709

Part 4:

**Answer These Questions for Administrative and Statistical Records** 

6.	Are you filing for bankruptcy under Chapters 7, 11 or 13?		
	No. You have nothing to report on this part of the form. Check this box and submit this Yes	form to the court with your other	r schedules.
7.	What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by a family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.	n individual primarily for a perso oses. 28 U.S.C. § 159.	nal,
	Your debts are not primarily consumer debts. You have nothing to report on this parthis form to the court with your other schedules.	rt of the form. Check this box ar	nd submit
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ncome from Official	s 1809 –
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:		- The Control of the
		Total claim	
	From Part 4 on Schedule E/F, copy the following:		
	9a. Domestic support obligations (Copy line 6a.)	sØ	
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	
	9d. Student loans. (Copy line 6f.)	sØ	
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	sØ	
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$	
	9g. Total. Add lines 9a through 9f.	s	

#### Case 16-21399 Filed 03/21/16 Doc 22

Fill in this in	formation to identify	y your case:		
Debtor 1	Pita Fis Name	A. Middle Name	Schroed	er_
Debtor 2 (Spouse, If filing) United States E	First Name  Bankruptcy Court for the	Middle Name Easter	Last Name  District of	uif.
Case number (If known)	110-2130	19-17-1:	3T (State	)

☐ Check if this is an amended filing

### Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

t you pay or agree to pay someone who is NOT ar	n attorney to help you fill out bankruptcy forms?
, No	
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
dan and the second of the seco	
der penalty of perjury, I declare that I have read th t they are true and correct.	ne summary and schedules filed with this declaration and
	ne summary and schedules filed with this declaration and